Edgar Filing: SONOSITE INC - Form 4

CONCOUTE INC

SONOSITE	E INC												
Form 4													
November (02, 2006												
FORM	Л 4	~~	~ ~ ~ ~ ~ ~		- ~ .					OMB AF	PROVAL		
	•••• UNITED) STATE:						ANGE CO	OMMISSION	OMB	3235-0287		
Check t	his box		Wa	ishing	ton	, D.C. 2	0549			Number:	January 31,		
if no lor	nger	MENT O	E CUA	NCES	TN	DENIEI			EDSHID OF	Expires:			
subject	10		T CHAI	NGES IN BENEFICIAL OWNE SECURITIES					CRSIII OF	Estimated a			
Section Form 4				SEC		MIIE S				burden hours per response 0.5			
Form 5		irsuant to	Section	16(a) o	of th	e Secur	ities I	Exchange	Act of 1934,	response	0.5		
obligati	ons Section 17							-	1935 or Section	l			
may con <i>See</i> Inst	nunue.			•		•	-	ct of 1940					
1(b).													
(Print or Type	Responses)												
1 Name and	Address of Penortin	a Derson *	.	N		1 m 1	T 1		5 Delationship of l	Penarting Der	on(s) to		
				III					5. Relationship of Reporting Person(s) to Issuer				
5010102			Symbol	MDOI DNOSITE INC [SONO]									
		AC111.)							(Check all applicable)				
				3. Date of Earliest Transaction					Director 10% Owner				
21919 30TH DRIVE SE			(Month/Day/Year) 10/31/2006						X Officer (give title Other (specify				
			10/3/1/2000						below) below) VP, General Counsel, Secretary				
	4 70 4												
									6. Individual or Joint/Group Filing(Check				
Filed(• • •					Applicable Line) _X_ Form filed by One Reporting Person				
BOTHELL	L, WA 98021								Form filed by Me				
									Person				
(City)	(State)	(Zip)	Tał	ole I - N	lon-l	Derivativ	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned		
1.Title of	2. Transaction Date			3.				cquired (A)		6.	7. Nature of		
Security (Instr. 3)	(Month/Day/Year)		Execution Date, if any (Month/Day/Year)			nor Dispo (Instr. 3,			Securities Beneficially	Ownership Form:	Indirect Beneficial		
(Inst. 5)		-				(Insu. 5,	-+ and	5)	Owned	Direct (D)	Ownership		
			•	(Instr.					Following	or Indirect	(Instr. 4)		
							(A)		Reported Transaction(s)	(I) (Instr. 4)			
					• •		or	D.	(Instr. 3 and 4)	(1130. 4)			
Common				Code		Amount		Price \$					
Stock	10/31/2006			J	V	662 <u>(1)</u>	А	ه 24.2483	1,191	D			
Stock								21.2105					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Tit	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	ionNumber	Expiration D	ate	Amou	unt of	Derivative	Ι
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Unde	rlying	Security	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	F
	Derivative				Securities	3		(Instr	. 3 and 4)		(
	Security				Acquired						F
					(A) or						F
					Disposed]
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable Date	Date		of		
				Code V	(A) (D)				Shares		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
SURACE-SMITH KATHRYN 21919 30TH DRIVE SE BOTHELL, WA 98021			VP, General Counsel, Secretary					
Signatures								
Shannon Atchison, attorney in f Surace-Smith	act for Ka	athryn	11/02/2006					

**Signature of Reporting Person

Explanation of Responses:

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- Reporting voluntarily. Represents shares acquired under 2005 Employee Stock Purchase Plan, which are exempt from Section 16 (1) reporting requirements.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

9. Nt Deriv Secu Bene Own Follo Repo Trans (Insti

Date